

Figure SC850.F2.1. ES-931, "Request for Wage and Separation Information for California"

STATE OF CALIFORNIA EMPLOYMENT DEVELOPMENT DEPARTMENT REQUEST FOR WAGE AND SEPARATION INFORMATION UNEMPLOYMENT COMPENSATION FOR FEDERAL EMPLOYEES (UCFE)				F.O. No. <u>006</u> BYB <u>9/24/96</u> Date claim filed <u>9/26/96</u> Date of request <u>9/26/96</u>			
SECTION I. IDENTIFICATION DATA							
1. a. Is payroll office address based on SF-8? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No b. If "No" does claimant state he/she received SF-8? <input type="checkbox"/> Yes <input type="checkbox"/> No			3. Name (Last, First, Middle, Maiden, if any) PLEASE PRINT. Doe, Jane				
2. Claimant states he/she was: a. <input type="checkbox"/> Regular full-time employee b. <input type="checkbox"/> Intermittent or part-time employee			4. SSA No.(s) 111-11-1111				
<div style="border: 1px solid black; padding: 5px;"> Department of the Navy Human Resources Office (Code 12440) Naval Air Station, North Island Box 357041 San Diego, CA 92135-7041 </div>			5. Date of Birth 5/4/60		6. Date of Separation 9/22/96		
			7. Position Title Maintenance				
			8. Place of Employment (City, State, or County) San Diego				
SECTION II. FEDERAL AGENCY REPLY							
<p>*If a completed Form ES 931 is not received by the State employment security agency by the 12th day, from the date the first request was made, the State agency may pay benefits to the claimant based on his/her affidavit as provided by Secretary of Labor's Regulation 20 CFR 609. Any benefit payments made to the claimant will be charged to the Federal agency(ies) in accordance with Section 1023, PL 96-499, Omnibus Reconciliation Act of 1980 (94 Stat. 2599). COMPLETE SECTION II AND RETURN IN FOUR DAYS.</p>							
I. FEDERAL CIVILIAN SERVICE							
1. a. Did this person perform "Federal civilian service" (as defined for UCFE purposes) for your agency at any time during or after the base period shown in 2. a. below? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If "No," explain (use reverse side if necessary).							
NOTE: Nonappropriated fund activities employees do perform "Federal civilian service."							
1. b. Duty Station: Enter state of this person's last employment with your agency (or, if outside U.S., enter country). California (Obtain from Item 25, of SF-50, or, if SF-50 not used, record duty station or equivalent as shown on other separation document your agency uses.)							
2. BASE PERIOD WAGES:							
PARENT AGENCY ID CODE (3 Digits) 423	BRANCH AGENCY ID CODE (2 Digits) 423	2. a. Report of wages		2. b. Report of duty hours:	Workday	8	2. c. Hourly pay rate: \$15
		QUARTER ENDING	YEAR		GROSS WAGES	Basic workweek	
		6/30	95	\$7,200	2. d. IDENTIFICATION: If incorrect data shown in Section I, enter correction(s):		
		9/30	95	\$7,200			
		12/31	95	\$7,200			
		3/31	96	\$7,800			
		6/30	96	\$7,800			
9/30	96	\$7,800	*NOTE: Enter gross wages in Federal civilian service; if "None" so state. Do not include as wages any: (1) severance pay; or (2) lump-sum terminal annual leave payment reported in Item 3. a. below.)				
TOTAL GROSS WAGES:		\$45,000					
3. TERMINAL ANNUAL LEAVE AND SEPARATION INFORMATION:							
3. a. (1) Did this person receive a lump-sum payment(s) for terminal annual leave on or after the beginning date of base period shown in Item 2. a. above? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," or if currently entitled to such a payment, record data below for each payment (or entitlement) since such date:							
(2) Amount of payment \$ 1,300		(4) Amount of terminal annual leave:		(5) Period of terminal leave:			
(3) Date paid: 10/13/96		Days 12	Hours 172	From: 9/25/96 To: 10/11/96			
3. b. Date of separation: 9/22/96			3. c. Date of last day of active pay status (including annual and sick leave) if earlier than date of separation, or if employee has not been separated. 9/22/96				
3. d. REASON FOR SEPARATION OR NONPAY STATUS. (Obtain from Item 12, "Nature of Action," and Item 30, "Remarks" of SF-50 or, if SF-50 not used, record equivalent information from other separation document(s) your agency uses. See Federal Personnel Manual for standards. If payroll office records are incomplete or inadequate, based on need for Forms ES-934 in similar cases, refer request to personnel office. USE REVERSE SIDE OR ATTACH COPIES OF DOCUMENTS, IF NECESSARY.)							
Discharge: Falsification of Application for Employment							
I certify that I have examined this report which constitutes the findings of this agency, and to the best of my knowledge and belief it is a true, correct, and complete report.							
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> MAIL TO: </div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-top: 10px;"> (Field Office Stamp) </div>			Signature and Title of Official and Date				
			Personnel Management Specialist Address of payroll office if different from that shown above				
			Name of Parent Federal Agency Department of the Navy ID Code No. 423 Phone 7-1				

ES 931 Rev.10 (2-90)